Department of Social Services

Frequently Asked Questions: Adult Expansion for Participants

What is Medicaid expansion?

Medicaid expansion changes the eligibility requirements for Missouri's Medicaid program (MO HealthNet) to include adults between the ages of 19 and 64 who qualify for help. Missouri voters approved Medicaid expansion, the Supreme Court of Missouri held the expansion amendment to be constitutional, and the trial court ordered the state not to prohibit enrollment.

When will Medicaid expansion begin?

In accordance with the Cole County Circuit Court's **August 10 order**, individuals may now **apply for healthcare coverage through Missouri Medicaid (MO HealthNet)** under Article IV Section 36(c) of the Missouri Constitution. The Family Support Division (FSD) began processing adult expansion applications in the Missouri Eligibility Determination and Enrollment System (MEDES) on October 1, 2021.

Who is eligible?

Non-disabled adults between the ages of 19 and 64 may now be eligible for coverage through Missouri's Medicaid program (MO HealthNet) if they:

- Live in Missouri and are a United States citizen (or qualified non-citizen)
- Make less than the annual income limit for their household size
- Are not eligible for or receiving Medicare Part A or B, MO HealthNet for Families, MO HealthNet for Pregnant Women, or Non-Spend Down MO HealthNet for the Aged Blind & Disabled

NOTE: If you have custody of children, they must also have healthcare coverage for you to be eligible for adult expansion coverage.

What services are covered?

Our **MO** HealthNet benefits chart offers a list of covered services. It is important to note that some services may be limited based on your age or eligibility group, and other services may be available depending on your needs. You should always check with your provider to see if the service you need is covered.

How do I apply?

There are many ways you can apply for MO HealthNet benefits, depending on what works best for you. Visit our **apply for MO HealthNet** webpage to learn more about how you can apply and the steps you need to take to submit your application.

What happens after I apply?

Once your application is processed, you will get a letter that lets you know if you are eligible for healthcare coverage or not. If you are approved, you will receive a MO HealthNet Identification Card and information explaining the type of coverage you have. You will need to follow the instructions in the letter for your coverage to begin.

IMPORTANT NOTE: If you apply before November 1, 2021, our team will automatically explore your coverage start date back to July 1, 2021. If you apply after November 1, 2021 and you would like us to explore your coverage for prior months, you will need to indicate you have had medical services in the last three months (Step #4 on the application) when you apply.

• How long will it take the Family Support Division to process adult expansion coverage applications? It may take up to 45 days to process an application. The Family Support Division (FSD) began processing applications in the Medicaid Eligibility Determination and Enrollment System (MEDES) on October 1, 2021.

• I already have MO HealthNet. Will my coverage change?

The Family Support Division will reach out to you directly if there is a change in your coverage for any reason. If your contact information (phone number, address, etc.) has changed, please be sure to report it as soon as possible so we can update you as needed. You can report a change online any day, any time on our website.

- I already applied, but my job has changed since I submitted my application. What should I do?

 You must let us know about any changes, including changes in employment or income, on our website within 10 days of the change.
- Will the question about using tobacco affect my eligibility?

No, this will not affect your eligibility for any MO HealthNet programs (including adult expansion coverage). This question is a federal reporting requirement.

• If I paid a bill to a Medicaid provider in July and I am later found to be eligible for adult expansion coverage, how will reimbursements work?

Payment reimbursements are between the provider and patient. Patients should give providers their approval notice and providers should check for coverage dates.

- Does child support count towards my income?
 No.
- Will there be an annual review period for individuals with adult expansion coverage?
 Yes. Individuals will be required to complete an annual review each year they get MO HealthNet to make sure

they are still eligible.

- Who should I contact with questions?
 - If you have questions about applying for MO HealthNet, please visit our website or contact us at 855-FSD-INFO (855-373-4636)
 - If you already have MO HealthNet and you have questions about your health plan, covered services, or your plan's health care providers please reach out to your Managed Care Health Plan